

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAM

In the Matter of the Guardianship of

\_\_\_\_\_
an Alleged Incapacitated Person

The purpose of this certificate is to enable the Court to determine whether the individual identified above is incapacitated according to the legal definition and whether a guardian should be appointed for him/her.

DEFINITION OF INCAPACITY

For purposes of the certificate, an "Incapacitated Person" is "an adult individual who, because of a physical or mental condition, is substantially unable to provide food, clothing or shelter for himself or herself, to care for the individual's own physical health, or to manage the individual's own financial affairs." Texas Estates Code §102.017.

GENERAL INFORMATION

Proposed Ward's Name \_\_\_\_\_
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender [ ] M [ ] F
Current location of Ward: \_\_\_\_\_
Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
Office Address \_\_\_\_\_

[ ] YES [ ] NO - I am a physician currently licensed to practice in the State of Texas.
I have been the doctor for the Proposed Ward since \_\_\_\_\_
I last examined the Proposed Ward on \_\_\_\_\_
[ ] at a Medical facility [ ] [ ] the Proposed Ward's residence
[ ] Other: \_\_\_\_\_

[ ] YES [ ] NO - The Proposed Ward is under my continuing treatment.
[ ] YES [ ] NO - Prior to the examination, I informed the Proposed Ward that communications with me would not be privileged.
[ ] YES [ ] NO - A mini-mental status exam was given. If "Yes," please attach a copy.

1. EVALUATION OF THE PROPOSED WARD'S PHYSICAL CONDITION

Physical Diagnosis: \_\_\_\_\_
Severity: [ ] Mild [ ] Moderate [ ] Severe
Conditions underlying diagnosis: \_\_\_\_\_
a. Prognosis: \_\_\_\_\_
b. Treatment/Medical History: \_\_\_\_\_

2. EVALUATION OF THE PROPOSED WARD'S MENTAL FUNCTION

Mental Diagnosis: \_\_\_\_\_
Severity: [ ] Mild [ ] Moderate [ ] Severe
Conditions underlying diagnosis: \_\_\_\_\_
a. Prognosis: \_\_\_\_\_
b. Treatment: \_\_\_\_\_

If the mental diagnosis includes dementia, answer the following:
[ ] YES [ ] NO ---It would be in the Proposed Ward's best interest to be placed in a secured facility for the elderly or a secured nursing facility that specializes in the care and treatment of people with dementia.

- YES  NO ---It would be in the Proposed Ward's best interest to be administered medications appropriate for the care and treatment of dementia.
- YES  NO ---The Proposed Ward currently has sufficient capacity to give informed consent to the administration of dementia medications.

c. Possibility for Improvement:

- YES  NO ---Is improvement in the Proposed Ward's physical condition and mental function possible?  
If "YES," after what period should the Proposed Ward be reevaluated to determine whether a guardianship continues to be necessary? \_\_\_\_\_

**3. COGNITIVE DEFICITS**

a. The Proposed Ward is oriented to the following (check all that apply):

- Person  Time  Place  Situation

b. The Proposed Ward has a deficit in the following area (check all areas in which Proposed Ward has a deficit):

- Short-term memory  
 --- Long-term memory  
 --- Immediate recall  
 --- Understanding and communicating (verbally or otherwise)  
 --- Recognizing familiar objects and persons  
 --- Problem solving  
 --- Reasoning logically  
 --- Grasping abstract aspects of his or her situation  
 --- Interpreting idiomatic expressions or proverbs  
 --- Breaking down complex tasks down into simple steps and carrying them out

- c.  YES  NO --- The Proposed Ward's periods of impairment from the deficits indicated above (if any) vary substantially in frequency, severity, or duration.

**4. ABILITY TO MAKE RESPONSIBLE DECISIONS**

Is the Proposed Ward able to initiate and make responsible decisions concerning himself or herself regarding the following:

- YES  NO --- Make complex business, managerial, and financial decisions
- YES  NO --- Manage a personal bank account
- If "YES," should amount deposited in any such bank account be limited?  YES  NO
- YES  NO --- Safely operate a motor vehicle
- YES  NO --- Vote in a public election
- YES  NO --- Make decisions regarding marriage
- YES  NO --- Determine the Proposed Ward's own residence
- YES  NO --- Administer own medications on a daily basis
- YES  NO --- Attend to basic activities of daily living (ADLs) (e.g. bathing, grooming, dressing, walking, toileting) without supports and services
- YES  NO --- Attend to basic activities of daily living (ADLs) (e.g. bathing, grooming, dressing, walking, toileting) with supports and services
- YES  NO --- Attend to instrumental activities of daily living (e.g., shopping, cooking, traveling, cleaning)
- YES  NO --- Consent to medical and dental treatment at this point going forward
- YES  NO --- Consent to psychological and psychiatric treatment at this point going forward

**5. DEVELOPMENTAL DISABILITY**

- YES  NO --- Does the Proposed Ward have developmental disability?  
If "NO," skip to number 6 below.  
If "YES" answer the following question and continue to page 3.page.

Is the disability a result of the following? (Check all that apply)

- YES  NO --- Intellectual Disability?
- YES  NO --- Autism?
- YES  NO --- Static Encephalopathy?
- YES  NO --- Cerebral Palsy?
- YES  NO --- Down Syndrome?
- YES  NO --- Other? Please explain \_\_\_\_\_

Answer the questions in the “Determination of Intellectual Disability” box below only if both of the following are true:

- (1) The basis of a proposed ward’s alleged incapacity is intellectual disability.  
and
- (2) You are making a “Determination of Intellectual Disability” in accordance with rules of the Executive Commissioner of the Health and Human Services Commission governing examinations of that kind.

If you are not making such a determination, please skip to number 6 below.

**“DETERMINATION OF INTELLECTUAL DISABILITY”**

Among other requirements, a Determination of Intellectual Disability must be based on an interview with the Proposed Ward and on a professional assessment that includes the following:

- 1) a measure of the Proposed Ward’s intellectual functioning;
- 2) a determination of the Proposed Ward’s adaptive behavior level; and
- 3) evidence of origination during the Proposed Ward’s developmental period.

*As a physician, you may use a previous assessment, social history, or relevant record from a school district, another physician, a psychologist, a public agency or a private agency, if you determine that the previous assessment, social history, or record is valid.*

1. Check the appropriate statement below. If neither statement is true, skip number 6 below.

I examined the proposed ward in accordance with rules of the Executive Commissioner of the Health and Human Services Commission governing Intellectual Disability examinations, and my written findings and recommendations include a determination of an intellectual disability.

I am updating or endorsing in writing a prior determination of an intellectual disability for the proposed ward made in accordance with rules of the Executive Commissioner of the Health and Human Services Commission by a physician or psychologist licensed in this state or an authorized provider certified by the Department of Aging and Disability Services to perform the examination.

2. What is your assessment of the Proposed Ward’s level of intellectual functioning and adaptive behavior?

Mild (IQ of 50-55 to approx. 70)

Moderate (IQ of 35-40 to 50-55)

Severe (IQ of 20-25 to 35-40)

Profound (IQ below 20-25)

3.  YES  NO - Is there evidence that the mental retardation originated during the Proposed Ward’s developmental period?

**6. EVALUATION OF CAPACITY**

YES  NO --- Based upon my last examination and observations of the Proposed Ward, it is my opinion that the Proposed Ward is incapacitated **according to the legal definition in section 1002.017 of the Texas Estates Code, given at the top of page 1.**

If you indicated that the Proposed Ward is incapacitated, indicate the level of incapacity:

**Total** ----- The Proposed Ward is totally without capacity (1) to care for himself or herself and (2) to manage his or her property.

**Partial** ----- The Proposed Ward lacks the capacity to do some, but not all, of the tasks necessary to care for himself or herself or to manage his or her property.

If you indicated the Proposed Ward’s incapacity is partial, what specific powers or duties of the guardian should be limited if the Proposed Ward receives supports and services? \_\_\_\_\_

If you answered “YES” to any of the questions regarding decision-making in Section 4 (*previous page*) and believe the Proposed Ward is totally incapacitated, please explain: \_\_\_\_\_

If you answered "NO," to all of the questions regarding decision-making in Section 4 (previous page) and believe the Proposed Ward is partially incapacitated, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. ABILITY TO ATTEND COURT HEARING**

If a hearing on application for the appointment of a guardian is scheduled in court:

- YES  NO --- the Proposed Ward would be able to attend, understand, and participate in the hearing.
- YES  NO --- Because of his or her incapacities, it would ***not*** be advisable for the Proposed Ward to appear at a Court hearing because the Proposed Ward would not be able to understand or participate in the hearing.
- YES  NO --- Does any current medication taken by the Proposed Ward affect the demeanor of the Proposed Ward or his or her ability to participate fully in a court proceeding

**8. What is the least restrictive placement that you consider to be appropriate for the Proposed Ward:**

- Nursing home level of care
- Group Home
- Own Home or with family
- Assisted Living Facility
- Memory care unit
- Other \_\_\_\_\_

**9. ADDITIONAL INFORMATION OF BENEFIT TO THE COURT**

If you have additional information concerning the Proposed Ward that you believe the Court should be aware of or other concerns about the Proposed Ward that are not included above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name Printed

\_\_\_\_\_  
License Number